

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Angela

First Name

Middle Name

Margrave

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 9 1 2 0

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Debtor 1 **Angela Margrave**

Case number (if known) _____

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.☐ I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

EIN _____

EIN _____

5. Where you live**3609 Memory Ln**

Number Street

Number Street

Amarillo

City

TX

State

79109

ZIP Code

RANDALL

County

City

State

ZIP Code

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City

State

ZIP Code

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13

Debtor 1 **Angela Margrave**

Case number (if known) _____

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes.

District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes.

Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known
Debtor _____	Relationship to you _____
District _____	When _____ Case number, _____
	MM / DD / YYYY if known

11. Do you rent your residence?

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any _____

Number _____ Street _____

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City _____

State _____

ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
- ☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
- ☐ Yes. Go to line 17.
- 16c.** State the type of debts you owe that are not consumer or business debts.
-
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
- ☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 Angela Margrave

Case number (if known) _____

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

Executed on 01/10/2020

MM / DD / YYYY

X

Signature of Debtor 2

Executed on _____

MM / DD / YYYY

Debtor 1 **Angela Margrave**

Case number (if known) _____

For your attorney, if you are represented by one**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Patrick A. Swindell

Signature of Attorney for Debtor

Date **01/10/2020**

MM / DD / YYYY

Patrick A. Swindell

Printed name

Swindell Law Firm

Firm Name

106 S.W. 7th Ave.

Number Street

Amarillo

City

TX

State

79101

ZIP Code

Contact phone **(806) 374-7979**

Email address _____

19587450

Bar number

State

Fill in this information to identify your case and this filing:

Debtor 1	Angela		Margrave
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

- 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

☒ No. Go to Part 2.

☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

- ### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No
☒ Yes

3.1.

Make:	<u>Mitsubishi</u>
Model:	<u>Outback Sport</u>
Year:	<u>2016</u>
Approximate mileage:	<u>60,000</u>

Other information:

2016 Mitsubishi Outback Sport
(approx. 60,000 miles)

Who has an interest in the property?
Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$8,733.00	\$8,733.00

Debtor 1 Angela Margrave Case number (if known) _____**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... →**\$8,733.00****Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No
☒ Yes. Describe.....

See continuation page(s).**\$1,380.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
☒ Yes. Describe.....

TVs (2)
COMPUTER
VIDEO GAME SYSTEM
PRINTER
DVD PLAYER
\$510.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
☐ Yes. Describe.....

9. Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
☐ Yes. Describe.....

10. Firearms*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
☐ Yes. Describe.....

11. Clothes*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
☒ Yes. Describe.....

CLOTHES**\$400.00**

Debtor 1 **Angela Margrave**

Case number (if known) _____

12. Jewelry*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... **JEWELRY****\$150.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....****\$2,440.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes..... Cash:**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes..... Institution name:

17.1. Checking account:	Wells Fargo (Checking 6711902954)	\$198.76
17.2. Checking account:	First National Bank of Texas (Checking ***4351)	(\$295.46)
17.3. Checking account:	Discover Bank (Checking***3574)	\$4.19
17.4. Savings account:	Discover Bank (Savings/Money Market ***8485)	\$7.21
17.5. Savings account:	First National Bank of Texas (Savings ***3829)	\$3.10

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes..... Institution or issuer name:

Debtor 1 Angela Margrave

Case number (if known) _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them.....

Name of entity: _____

% of ownership: _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.☒ No☐ Yes. Give specific information about them.....

Issuer name: _____

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each account separately.

Type of account: _____

Institution name: _____

401(k) or similar plan: Govt Thrift Saving Plan\$20,000.00**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☐ No☒ Yes.....

Institution name or individual: _____

Security deposit on rental unit: Security Deposit for home\$1,000.00**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes..... Issuer name and description: _____**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them

Debtor 1 Angela Margrave

Case number (if known) _____

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**

- ☒ No
- ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: _____

State: _____

Local: _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
- ☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
- ☐ Yes. Give specific information

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
- ☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

Federal Employees Life Insur**Type: whole/universal****Insured: spouse****children only - no spouse****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
- ☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
- ☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
- ☐ Yes. Describe each claim.....

Debtor 1 **Angela Margrave**

Case number (if known) _____

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information _____**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$20,917.80****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe... _____**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe... _____**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe... _____**41. Inventory**☒ No☐ Yes. Describe... _____**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe..... Name of entity: _____

% of ownership: _____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe... _____

Debtor 1 Angela Margrave

Case number (if known) _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....**\$0.00**
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
 Do not deduct secured
claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish*

- ☒ No
☐ Yes....

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....**\$0.00**

Debtor 1 Angela Margrave Case number (if known) _____**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → **\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2.....** → **\$0.00****56. Part 2: Total vehicles, line 5** \$8,733.00**57. Part 3: Total personal and household items, line 15** \$2,440.00**58. Part 4: Total financial assets, line 36** \$20,917.80**59. Part 5: Total business-related property, line 45** \$0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$0.00**61. Part 7: Total other property not listed, line 54** +\$0.00**62. Total personal property. Add lines 56 through 61.....** \$32,090.80 Copy personal property total → **+\$32,090.80****63. Total of all property on Schedule A/B. Add line 55 + line 62.....** **\$32,090.80**

Debtor 1 Angela Margrave

Case number (if known) _____

6. Household goods and furnishings (details):

LIVING ROOM FURNITURE	<u>\$250.00</u>
KITCHEN TABLE	<u>\$75.00</u>
REFRIGERATOR / FREEZER	<u>\$100.00</u>
MICROWAVE	<u>\$25.00</u>
WASHING MACHINE	<u>\$100.00</u>
CLOTHES DRYER	<u>\$100.00</u>
DISHES / FLATWARE	<u>\$50.00</u>
POTS / PANS / COOKWARE	
BEDROOM FURNITURE	<u>\$500.00</u>
LAMPS / ACCESSORIES	<u>\$40.00</u>
YARD /LANDSCAPING TOOLS	<u>\$140.00</u>
LAWN MOWER	

Fill in this information to identify your case:

Debtor 1	Angela		Margrave
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: 2016 Mitsubishi Outback Sport (approx. 60,000 miles) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$8,733.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Brief description: LIVING ROOM FURNITURE Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: KITCHEN TABLE Line from Schedule A/B: <u>6</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: REFRIGERATOR / FREEZER Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: MICROWAVE Line from Schedule A/B: <u>6</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: WASHING MACHINE Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: CLOTHES DRYER Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: DISHES / FLATWARE POTS / PANS / COOKWARE Line from Schedule A/B: <u>6</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: BEDROOM FURNITURE Line from Schedule A/B: <u>6</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: LAMPS / ACCESSORIES Line from Schedule A/B: <u>6</u>	<u>\$40.00</u>	<input checked="" type="checkbox"/> <u>\$40.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: YARD /LANDSCAPING TOOLS LAWNMOWER Line from Schedule A/B: <u>6</u>	<u>\$140.00</u>	<input checked="" type="checkbox"/> <u>\$140.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: TVs (2) COMPUTER VIDEO GAME SYSTEM PRINTER DVD PLAYER Line from Schedule A/B: <u>7</u>	<u>\$510.00</u>	<input checked="" type="checkbox"/> <u>\$510.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: CLOTHES Line from Schedule A/B: <u>11</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Brief description: JEWELRY Line from Schedule A/B: <u>12</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Brief description: Wells Fargo (Checking 6711902954) Line from Schedule A/B: <u>17.1</u>	<u>\$198.76</u>	<input checked="" type="checkbox"/> <u>\$198.76</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Discover Bank (Savings/Money Market *** 8485) Line from Schedule A/B: <u>17.4</u>	<u>\$7.21</u>	<input checked="" type="checkbox"/> <u>\$7.21</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: First National Bank of Texas (Checking *** 4351) Line from Schedule A/B: <u>17.2</u>	<u>(\$295.46)</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: First National Bank of Texas (Savings *** 3829) Line from Schedule A/B: <u>17.5</u>	<u>\$3.10</u>	<input checked="" type="checkbox"/> <u>\$3.10</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Discover Bank (Checking***3574) Line from Schedule A/B: <u>17.3</u>	<u>\$4.19</u>	<input checked="" type="checkbox"/> <u>\$4.19</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: Govt Thft Saving Plan Line from <i>Schedule A/B</i> : <u>21</u>	<u>\$20,000.00</u>	<input checked="" type="checkbox"/> <u>\$20,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(10)(E)
Brief description: Security Deposit for home Line from <i>Schedule A/B</i> : <u>22</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Brief description: Federal Employees Life Insur Type: whole/universal Insured: spouse Line from <i>Schedule A/B</i> : <u>31</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(7)

Fill in this information to identify your case:

Debtor 1 Angela Margrave
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
 Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
 If any

	<i>Column A</i> Amount of claim Do not deduct the value of collateral	<i>Column B</i> Value of collateral that supports this claim	<i>Column C</i> Unsecured portion If any
<div>2.1</div> <div> Carvana <small>Creditor's name</small> PO Box 29002 <small>Number Street</small> </div> <div> Phoenix AZ 85038 <small>City State ZIP Code</small> </div> <div> Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> Date debt was incurred <u>09/20/2019</u> </div>	Describe the property that secures the claim: 2016 Mitsubishi Outback Sport	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Car Loan	\$20,068.00
	\$8,733.00	\$11,335.00	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$20,068.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 1:**Additional Page**

After listing any entries on this page, number them sequentially from the previous page.

*Column A***Amount of claim**

Do not deduct the value of collateral

*Column B***Value of collateral that supports this claim***Column C***Unsecured portion If any**

2.2

Describe the property that secures the claim:

\$783.46**\$783.46****NPRTO Texas**

Creditor's name

256 West Data Drive

Number Street

Ipad

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Draper UT 84020

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Loan

Date debt was incurred _____

Last 4 digits of account number

5 5 8 3

Ipad

Pay Off Date: June 2020

Add the dollar value of your entries in Column A on this page. Write that number here:

\$783.46

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$20,851.46

Fill in this information to identify your case:

Debtor 1 Angela Margrave
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$1,065.00	\$1,065.00	\$0.00

Internal Revenue Service*

Priority Creditor's Name

Centralized Insolvency Operation

Number Street

PO Box 7346**Philadelphia PA 19101-7346**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim\$115.00

4.1

Account Recovery Services..

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

3144 SW 28th Ave Ste A**Amarillo****TX****79109**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Collecting for -HIGH PLAINS DERMATOLOGY CENTERLast 4 digits of account number 8 N 1 2When was the debt incurred? 03/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

Collecting for -HIGH PLAINS DERMATOLOGY CENTER

4.2

Account Recovery Services..

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

3144 SW 28th Ave Ste A**Amarillo****TX****79109**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Collecting for -ADVANCED IMAGING CENTERLast 4 digits of account number 8 N 1 1When was the debt incurred? 02/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

Collecting for -ADVANCED IMAGING CENTER\$100.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$100.00**Account Recovery Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

3144 SW 28th Ave Ste A**Amarillo****TX****79109**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Collecting for -ADVANCED IMAGING CENTER

4.4

\$100.00**Advanced Imaging Center**

Nonpriority Creditor's Name

7010 SW 9th Ave

Number Street

Amarillo**TX****79106**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8 N 1 0**When was the debt incurred? **09/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -ADVANCED IMAGING CENTERLast 4 digits of account number **2 0 0 0**When was the debt incurred? **12/19/2018-12/19/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

medical bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.5

\$413.00**Afni, Inc...**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 3427**Bloomington****IL****61702**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Collecting for -AT T U-VERSE

4.6

\$300.00**AMARILLO BONE AND JOINT**

Nonpriority Creditor's Name

1100 S COULTER ST

Number Street

AMARILLO**TX****79106**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical billLast 4 digits of account number 1 6 4 9When was the debt incurred? 05/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for -AT T U-VERSELast 4 digits of account number 5 8 5 3When was the debt incurred? 1/2/2018-1/2/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

medical bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.7****\$764.00****Amarillo Heart Group**

Nonpriority Creditor's Name

1901 Port Lane

Number Street

Amarillo**TX****79106**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.8****\$40.00****Amarillo Medical Specialists - Schaeffer**

Nonpriority Creditor's Name

1900 S Coulter Ste C

Number Street

Amarillo**TX****79106-1769**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical billLast 4 digits of account number 9 1 4 3When was the debt incurred? 7/16/2015-6/14/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
medical bill

Last 4 digits of account number 3 5 6 2When was the debt incurred? 9/20/2016-9/20/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
medical bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.9****\$40.00****Amarillo Medical Specialists - Susan Win**

Nonpriority Creditor's Name

1301 S Coulter St, Ste 106

Number Street

Last 4 digits of account number 3 5 6 2When was the debt incurred? 6/21/2017-5/8/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amarillo TX 79106-1763

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.10****\$184.00****Amarillo Urology Assoc.**

Nonpriority Creditor's Name

1900 Medi Park Dr

Number Street

Last 4 digits of account number 0 5 7 5When was the debt incurred? 2/1/2010-3/9/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.11****Amarillo Urology Assoc.**

Nonpriority Creditor's Name

1900 Medi Park Dr

Number Street

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.12****American Medical Response**

Nonpriority Creditor's Name

PO Box 847925

Number Street

Dallas TX 75284-7925

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical billLast 4 digits of account number x x x x When was the debt incurred? 2/8/2011-6/6/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

\$96.00Last 4 digits of account number 5 4 2 8 When was the debt incurred? 2/13/2010-2/14/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

\$200.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$1,400.00****4.13****AT&T Mobility**

Nonpriority Creditor's Name

PO Box 6463

Number Street

Carol Stream**IL****60197**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Phone Bill**4.14****AT&T/Direct TV/U-Verse**

Nonpriority Creditor's Name

PO Box 6550

Number Street

Greenwood Village**CO****80155**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Phone/Cable/InternetLast 4 digits of account number 5 3 4 1When was the debt incurred? 4/6/2017-10/11/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Phone BillLast 4 digits of account number 0 5 4 0When was the debt incurred? 1/1/2018-2/5/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Phone/Cable/Internet**\$800.00**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$1,375.00****4.15****ATT**

Nonpriority Creditor's Name

700 Longwater dr

Number Street

Norwell**MA****02061**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.16**Blaze Mastercard**

Nonpriority Creditor's Name

PO Box 5096

Number Street

SIOUX FALLS**SD****57117-5096**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number 5 3 4 1When was the debt incurred? 6/25/2003-6/10/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

Last 4 digits of account number 6 1 7 7When was the debt incurred? 9/1/2014-12/1/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

\$500.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.17****\$115.00****BSA Amarillo Diagnostic Clinic**

Nonpriority Creditor's Name

PO Box 840020

Number Street

Last 4 digits of account number 2 3 4 3When was the debt incurred? 8/8/2017-11/2/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amarillo TX 75284-0020

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.18****\$115.00****BSA Health System**

Nonpriority Creditor's Name

PO Box 950

Number Street

Last 4 digits of account number 2 3 4 3When was the debt incurred? 4/10/2017-8/22/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amarillo TX 79105

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
medical bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.19****\$200.00****BSA Hospital**

Nonpriority Creditor's Name

PO Box 950

Number Street

Amarillo**TX****79105**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.20****\$115.00****Bull City Financial Solutions..**

Nonpriority Creditor's Name

2609 North Duke Street

Number Street

Suite 500**Durham****NC****27704**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Collecting for -BSA HEALTH SYSTEMLast 4 digits of account number **8 2 3 6**When was the debt incurred? **7/7/2016-7/7/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Last 4 digits of account number **0 6 1 9**When was the debt incurred? **12/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Collecting for -BSA HEALTH SYSTEM**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$3,000.00**

4.21

CAPITAL ONE

Nonpriority Creditor's Name

PO Box 30285

Number Street

SALT LAKE CITY UT 84130-0287

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card

4.22

CAPITAL ONE

Nonpriority Creditor's Name

PO Box 30285

Number Street

SALT LAKE CITY UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number 7 2 4 4When was the debt incurred? 1/10/2014-1/12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number 2 6 7 7When was the debt incurred? 1/3/2014-1/5/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

\$3,000.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$3,000.00****4.23****CAPITAL ONE**

Nonpriority Creditor's Name

PO Box 30285

Number Street

SALT LAKE CITY UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.24****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **6 8 0 4**When was the debt incurred? **12/31/1969-1/5/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **2 9 0 3**When was the debt incurred? **4/7/2005-3/5/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

\$737.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.25****\$3,000.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City**UT****84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.26****\$500.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City**UT****84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **0 3 4 7**When was the debt incurred? **3/13/2014-6/21/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **7 8 6 3**When was the debt incurred? **4/11/2009-3/17/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.27****\$800.00****Capital One**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City**UT****84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.28****\$800.00****Capital One bank**

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City**UT****84130**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number 5 3 5 0When was the debt incurred? 11/28/2014-7/21/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number 2 6 7 7When was the debt incurred? 1/1/2013-1/12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.29****\$3,000.00****CapitalOne Quicksilver**

Nonpriority Creditor's Name

P.O. Box 30285

Number Street

Salt Lake City UT 84130-0287

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.30****\$7,526.00****Caprock Credit Corp..**

Nonpriority Creditor's Name

1111 Sw 18th Ave

Number Street

Amarillo TX 79102

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Repossession - Jeep Grand CherokeeLast 4 digits of account number **4 9 2 6**When was the debt incurred? **11/1/2014-12/1/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **0 8 0 1**When was the debt incurred? **10/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Repossession - Jeep Grand Cherokee**

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$1,000.00****4.31****Cardiology Center of Amarillo**

Nonpriority Creditor's Name

PO Box 1906 - 707 S Madison

Number Street

Amarillo TX 79105

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.32****Cash Jar**

Nonpriority Creditor's Name

PO Box 1637

Number Street

Belize City CA 82845

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

payday loanLast 4 digits of account number x x x xWhen was the debt incurred? 2/6/2013-10/19/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Last 4 digits of account number 2 0 0 3When was the debt incurred? 10/21/2009-12/17/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **payday loan**

\$200.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$1,600.00**Certified Collectors Inc**

Nonpriority Creditor's Name

PO Box 1906

Number Street

Amarillo**TX****79105**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Collections

4.34

\$1,116.00**Chase Card Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 15298**Wilmington****DE****19850**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Credit CardLast 4 digits of account number 4 5 5 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

CollectionsLast 4 digits of account number 1 9 9 0When was the debt incurred? 10/10/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.35****\$800.00****ChecknGo**

Nonpriority Creditor's Name

4540 Cooper Rd. Suite 200

Number Street

Cincinnati**OH****45242**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

payday loan**4.36****\$17,534.00****Consumer Portfolio Svc..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 57071**Irvine****CA****92619**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

RepossessionLast 4 digits of account number **5 4 6 7**When was the debt incurred? **5/3/2010-7/29/2010**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
payday loan

Last 4 digits of account number **7 0 3 5**When was the debt incurred? **08/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Repossession

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.37****\$1,500.00****Credit One Bank**

Nonpriority Creditor's Name

PO Box 98872

Number Street

Las Vegas NV 89193-8872

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.38**\$650.00****CreditOne**

Nonpriority Creditor's Name

PO Box 98873

Number Street

Las Vegas NV 89193-8873

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **6 2 0 6**When was the debt incurred? **1/27/2004-10/17/2006**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **7 9 2 9**When was the debt incurred? **2/1/2017-12/1/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,300.00****4.39****Dillard's**

Nonpriority Creditor's Name

PO Box 981471

Number Street

El Paso TX 79998-1471

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.40****Discover**

Nonpriority Creditor's Name

PO Box 30416

Number Street

Salt Lake City UT 84130

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **2 3 0 9**When was the debt incurred? **7/17/2003-6/14/2006**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **7 5 7 1**When was the debt incurred? **9/7/2006-6/9/2009**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

\$7,900.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.41****\$2,200.00****Exceptional Emergency Care**

Nonpriority Creditor's Name

1601 Elm St

Number Street

Dallas**TX****75201**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.42****\$18,000.00****EXETER FINANCE CORP**

Nonpriority Creditor's Name

PO BOX 166097

Number Street

IRVING**TX****75016**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 6 4When was the debt incurred? 9/5/2019-9/5/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Last 4 digits of account number 9 4 3 9When was the debt incurred? 8/14/2014-11/1/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim4.43\$517.00**First PREMIER Bank..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 5524**Sioux Falls****SD****57117**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Credit Card4.44\$432.00**First Savings Bank/Blaze..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 5096**Sioux Falls****SD****57117**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Credit CardLast 4 digits of account number 8 7 2 8When was the debt incurred? 09/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit CardLast 4 digits of account number 6 1 7 7When was the debt incurred? 09/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.45****\$115.00****High Plains Dermatology ctr**

Nonpriority Creditor's Name

4302 Wolflin Ave

Number Street

Amarillo TX 79106-5959

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.46****\$50.00****High Plains Radiology**

Nonpriority Creditor's Name

1901 Medi Park Dr # 2050

Number Street

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical billLast 4 digits of account number **1 7 0 9**When was the debt incurred? **3/1/2017-10/3/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Last 4 digits of account number **0 8 N 7**When was the debt incurred? **6/12/2012-6/4/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.47****\$2,000.00****HSBC Bank**

Nonpriority Creditor's Name

PO Box 5253

Number Street

Carol Stream**IL****60197**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.48****\$2,200.00****HSBC Bank**

Nonpriority Creditor's Name

PO Box 5253

Number Street

Carol Stream**IL****60197**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number 2 4 8 7When was the debt incurred? 4/3/2003-10/17/2006

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number 0 1 5 7When was the debt incurred? 5/19/2003-9/18/2006

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.49

\$2,500.00**HSBC Bank - Capital One**

Nonpriority Creditor's Name

287 Independence

Number Street

Virginia Beach**VA****23462**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card

4.50

\$600.00**INDIGO MASTERCARD - Genesis Financial Services**

Nonpriority Creditor's Name

PO BOX 4499

Number Street

BEAVERTON**OR****97076-4499**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **6 9 3 9**When was the debt incurred? **7/19/2005-10/26/2006**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **2 2 7 8**When was the debt incurred? **1/4/2018-1/12/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$9,000.00**

4.51

Jan LittleJohn

Nonpriority Creditor's Name

3319 Lombard

Number Street

Amarillo**TX****79106**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Rent - 5322 Briar, Amarillo TX 7910

4.52

Jefferson Capital Systems, LLC..

Nonpriority Creditor's Name

PO Box 1999

Number Street

Saint Cloud**MN****56302**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

**Factoring Company Account
EXETER FINANCE**

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Rent - 5322 Briar, Amarillo TX 79109Last 4 digits of account number **3 0 0 3**When was the debt incurred? **10/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Factoring Company Account**\$6,577.00**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,500.00**

4.53

John Terry

Nonpriority Creditor's Name

301 S. Polk #630

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amarillo TX 79101

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Attorney Fees

4.54

LANE BRYANT

Nonpriority Creditor's Name

450 WINKS LN

Number Street

Last 4 digits of account number **X X X X**When was the debt incurred? **2/1/2004-4/1/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

BENSALEM PA 19020

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

\$150.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.55****\$811.00****LVNV Funding/Resurgent Capital..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

PO Box 10497**Greenville****SC****29603**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Factoring Company Account**CREDIT ONE BANK N.A.****4.56****\$400.00****MASSEYS**

Nonpriority Creditor's Name

1251 1st Ave.

Number Street

Chippewa Falls**WI****54729**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7 9 2 9**When was the debt incurred? **06/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Factoring Company AccountLast 4 digits of account number **3 6 A 2**When was the debt incurred? **12/1/2017-9/1/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
other

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$2,400.00****4.57****Merrick Bank**

Nonpriority Creditor's Name

POB 1500

Number Street

Draper

City

UT

State

84020

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.58****MIDNIGHT VELVET**

Nonpriority Creditor's Name

1112 7TH AVE - PO BOX 2816

Number Street

MONROE

City

WI

State

53566

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 4 8 2When was the debt incurred? 5/18/2004-1/8/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number 1 5 5 0When was the debt incurred? 1/2/2006-1/2/2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

\$281.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.59****\$2,672.00****NCB Management Services..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

One Allied Drive**Trevose****PA****19053**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Factoring Company Account**REPUBLIC BANK TRUST CO****4.60****\$2,678.00****Nelnet..**

Nonpriority Creditor's Name

Attn: Bankruptcy Claims

Number Street

PO Box 82505**Lincoln****NE****68501**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

EducationalLast 4 digits of account number 9 8 5 5When was the debt incurred? 02/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Factoring Company AccountLast 4 digits of account number 6 5 2 9When was the debt incurred? 08/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.61

\$1,581.00**Nelnet..**

Nonpriority Creditor's Name

Attn: Bankruptcy Claims

Number Street

PO Box 82505**Lincoln****NE****68501**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Educational

4.62

\$1,580.00**Nelnet..**

Nonpriority Creditor's Name

Attn: Bankruptcy Claims

Number Street

PO Box 82505**Lincoln****NE****68501**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

EducationalLast 4 digits of account number 6 4 2 9When was the debt incurred? 08/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Last 4 digits of account number 6 3 2 9When was the debt incurred? 02/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.63

\$1,316.00**Nelnet..**

Nonpriority Creditor's Name

Attn: Bankruptcy Claims

Number Street

PO Box 82505**Lincoln****NE****68501**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Educational

4.64

\$791.00**Nelnet..**

Nonpriority Creditor's Name

Attn: Bankruptcy Claims

Number Street

PO Box 82505**Lincoln****NE****68501**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

EducationalLast 4 digits of account number 6 7 2 9When was the debt incurred? 08/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Last 4 digits of account number 6 6 2 9When was the debt incurred? 08/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.65****\$100.00****Northwest Texas Healthcare**

Nonpriority Creditor's Name

1501 S Coulter

Number Street

Last 4 digits of account number **0 9 8 0**When was the debt incurred? **11/2/2008-11/2/2008**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Amarillo TX 79106

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.66****\$700.00****OrthoFi**

Nonpriority Creditor's Name

303 E 17th Ave Ste 400

Number Street

Last 4 digits of account number **r a v e**When was the debt incurred? **3/17/2017-10/16/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Denver CO 80203-1289

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
medical bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.67****\$2,000.00****Plain Green Loans - Acct Serv**

Nonpriority Creditor's Name

93 Mack Road, Suite 600-PO Box 270

Number Street

Box Elder MT 59521

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

payday loan**4.68****\$2,400.00****Plains Commerce Bank**

Nonpriority Creditor's Name

3817 S Elmwood Ave

Number Street

Sioux Falls SD 57105

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **8 1 4 5**When was the debt incurred? **7/2/2012-4/18/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **payday loan**

Last 4 digits of account number **9 1 0 6**When was the debt incurred? **10/21/2008-3/12/2009**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.69****\$460.00****Plains Commerce bank**

Nonpriority Creditor's Name

PO Box 89937

Number Street

Sioux Falls SD 57109-6140

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.70****\$5,000.00****Plains Commerce Credit Card**

Nonpriority Creditor's Name

po box 1259

Number Street

Oaks PA 19456

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **6 0 5 5**When was the debt incurred? **7/4/2007-11/21/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **3 3 8 5**When was the debt incurred? **7/16/2010-3/10/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.71

\$720.00**Portfolio Recovery..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

120 Corporate Blvd**Norfold****VA****23502**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Factoring Company Account**CAPITAL ONE BANK USA N.A.**

4.72

\$452.00**Portfolio Recovery..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

120 Corporate Blvd**Norfold****VA****23502**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Factoring Company Account**HSBC BANK NEVADA N.A.**Last 4 digits of account number 5 3 5 0When was the debt incurred? 02/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Factoring Company AccountLast 4 digits of account number 6 9 3 9When was the debt incurred? 02/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Factoring Company Account

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.73****\$600.00****Premier Bankcard**

Nonpriority Creditor's Name

16 McLeland Rd

Number Street

St Cloud**MN****56303**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.74****\$750.00****Quail Creek Surgical Hosp.**

Nonpriority Creditor's Name

3144 SW 28th Ave Ste A

Number Street

Amarillo**TX****79109**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical billLast 4 digits of account number **7 6 6 2**When was the debt incurred? **2/3/2010-7/13/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **0 8 N 9**When was the debt incurred? **5/8/2017-5/8/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **medical bill**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.75****\$28,525.00****Regional Acceptance Co..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

1424 E Firetower Rd**Greenville****SC****27858**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

2016 Chrysler 300 S**4.76****\$2,673.00****Republic Bank & Trust - Elastic Loans**

Nonpriority Creditor's Name

PO Box 950276

Number Street

Louisville**KY****40295-0276**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

payday loanLast 4 digits of account number **4 6 0 1**When was the debt incurred? **08/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Repossession - 2016 Chrysler 300 SLast 4 digits of account number **9 8 5 5**When was the debt incurred? **4/11/2013-6/4/2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
payday loan

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.77****\$800.00****Salute Visa**

Nonpriority Creditor's Name

8875 Aero Dr Ste 2

Number Street

Last 4 digits of account number 5 1 1 6When was the debt incurred? 6/15/2004-7/7/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Diego**CA****92123**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.78****\$760.00****Security Finance**

Nonpriority Creditor's Name

PO Box 3146

Number Street

Last 4 digits of account number 5 1 5 8When was the debt incurred? 3/4/2015-3/9/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Spartanburg**SC****29304**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.79****\$290.00****SelfCare Self Storage**

Nonpriority Creditor's Name

831 North Forrest Street

Number Street

Amarillo**TX****79106**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Storage Unit**Month to Month****4.80****\$292.00****SEVENTH AVE**

Nonpriority Creditor's Name

1112 7TH AVE

Number Street

MONROE**WI****53566**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Contract/Lease**

Last 4 digits of account number **1 5 5 0**When was the debt incurred? **1/4/2008-1/4/2010**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$3,100.00****4.81****Shoreline Inc**

Nonpriority Creditor's Name

1220 Gregory st

Number Street

Last 4 digits of account number 2 5 0 4When was the debt incurred? 5/3/2010-7/15/2010

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Taft TX 78390

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical bill**4.82****Suddenlink**

Nonpriority Creditor's Name

520 Maryville Centre Dr

Number Street

Last 4 digits of account number x x x xWhen was the debt incurred? 8/7/2007-10/20/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St Louis MO 63141

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Service Bill

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Service Bill**\$250.00**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.83****\$496.00****Suddenlink**

Nonpriority Creditor's Name

520 Maryville Centre Dr

Number Street

St Louis**MO****63141**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Service Bill**4.84****\$757.69****Surgery Center Of Amarillo**

Nonpriority Creditor's Name

1010 S Coulter St

Number Street

Amarillo**TX****79106-1781**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

medical billLast 4 digits of account number x x x x When was the debt incurred? 8/7/2007-10/20/2009

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Service BillLast 4 digits of account number 6 7 0 When was the debt incurred? 2/25/2019-8/25/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

medical bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.85****\$0.00****SYNCB/STEINMART**

Nonpriority Creditor's Name

PO BOX 965005

Number Street

Orlando FL 32896

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.86****The Cash Store**

Nonpriority Creditor's Name

7200 SW 45th Ave Unit 12

Number Street

Amarillo TX 79109

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

payday loanLast 4 digits of account number **2 2 2 0**When was the debt incurred? **6/12/2018-4/13/2019**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **1 6 6 1**When was the debt incurred? **7/15/2009-6/8/2010**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **payday loan**

\$2,600.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$10,188.00****4.87****The Education Cu..**

Nonpriority Creditor's Name

4400 W I 40

Number Street

Amarillo**TX****79106**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Unsecured**4.88****The Education Cu..**

Nonpriority Creditor's Name

4400 W I 40

Number Street

Amarillo**TX****79106**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Check Credit or Line of CreditLast 4 digits of account number **8 1 4 3**When was the debt incurred? **05/2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

UnsecuredLast 4 digits of account number **8 1 6 9**When was the debt incurred? **11/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Check Credit or Line of Credit**\$1,500.00**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.89

\$550.00**Thrifty Car Rental**

Nonpriority Creditor's Name

6644 Valjean Ave

Number Street

Last 4 digits of account number 7 2 2 8When was the debt incurred? 11/24/2005-11/23/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Van Nuys**CA****91406**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

4.90

\$1,161.49**TownSquare Emergency Assoc**

Nonpriority Creditor's Name

PO Box 24432

Number Street

Last 4 digits of account number 4 1 9 6

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Fort Worth**TX****76124**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Medical Bill**

Medical Bill

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$1,000.00****4.91****TRIBUTE**

Nonpriority Creditor's Name

PO BOX 105555

Number Street

ATLANTA

City

GA

State

30348

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit card**4.92****Tribute**

Nonpriority Creditor's Name

POB 105555

Number Street

ATLANTA

City

GA

State

30348-5555

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **6 5 0 4**When was the debt incurred? **1/5/2004-1/4/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Last 4 digits of account number **1 9 7 6**When was the debt incurred? **7/6/2006-11/22/2007**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

\$615.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.93****\$51.00****USAA Bank**

Nonpriority Creditor's Name

10750 McDermott Freeway

Number Street

San Antonio TX 78288-0544

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.94**\$0.00****USAA SECURED CREDIT CARD**

Nonpriority Creditor's Name

10750 MCDERMOTT FWY

Number Street

SAN ANTONIO TX 78288-1600

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0 4 5 6**When was the debt incurred? **6/2/2015-6/19/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

Last 4 digits of account number **2 7 8 8**When was the debt incurred? **1/5/2015-1/7/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.95****\$2,934.00****Verizon Wireless**

Nonpriority Creditor's Name

500 Technology Drive, Suite 550

Number Street

Weldon Spring**MO****63304**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.96**\$1,620.00****Verizon Wireless..**

Nonpriority Creditor's Name

Attn: Bankruptcy

Number Street

500 Technology Dr, Ste 550**Weldon Spring****MO****63304**

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Phone BillLast 4 digits of account number 0 0 0 1When was the debt incurred? 3/5/2015-5/8/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **other**

Last 4 digits of account number 0 0 0 1When was the debt incurred? 12/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **Phone Bill**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.97****\$0.00****WELLS FARGO SECURED VISA**

Nonpriority Creditor's Name

P.O. Box 10347

Number Street

Des Moines**IA****50306**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

credit cardLast 4 digits of account number **3 0 5 5****When was the debt incurred?** **1/5/2015-12/31/1969****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify **credit card**

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AFNI. INC for AT&T U-VERSE

Name

PO BOX 3097

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**other**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 2 8 1**BLOOMINGTON****IL****61702**

City

State

ZIP Code

Amarillo National Bank

Name

PO Box 1

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**other**☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Amarillo**TX****79105**

City

State

ZIP Code

Ascent Card Services

Name

PO Box 10584

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.39 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Greenville**SC****29603**

City

State

ZIP Code

Bennett Law

Name

PO Box 101928 dept 356

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.86 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Birmingham**AL****35210**

City

State

ZIP Code

Caprock Credit Corporation

Name

1800 S Hughes St

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**Repossession**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number x x x x**Amarillo****TX****79102**

City

State

ZIP Code

Repossession

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**CBC Credit Bureau Centre**

Name

PO Box 273

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Monroe**WI****53566-0273**

City

State

ZIP Code

CERTIFIED COLLECTORS

Name

707 s MADISON ST

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

AMARILLO**TX****79101**

City

State

ZIP Code

CitiMortgage

Name

PO Box 689196

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**other**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5 4 5 7**Des Moines****IA****50368**

City

State

ZIP Code

Collection Company of Americ

Name

700 Longwater Dr

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Norwell**MA****02061**

City

State

ZIP Code

COMENITY BANK/LANE BRYANT

Name

PO BOX 182789

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**other**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number X X X X**COLUMBUS****OH****43218**

City

State

ZIP Code

Consumer Portfolio - CPS

Name

PO BOX 57071-19500 JAMBOREE RD SUITE 500

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**Repossession - 2012****Ford Fusion**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 0 3 5**IRVINE****CA****92612**

City

State

ZIP Code

Repossession - 2012 Ford Fusion

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Discover**

Name

PO Box 30416

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**credit card**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 2 9 8 3**Salt Lake City**

City

UT

State

84130

ZIP Code

Diversified Consultants Inc

Name

PO Box 679 Dept #03

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dallas

City

TX

State

75267-9543

ZIP Code

Diversified Consultants Inc

Name

PO Box 551268

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Jacksonville

City

FL

State

32255-1268

ZIP Code

EOS CCA

Name

700 Longwater dr

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Norwell

City

MA

State

02061

ZIP Code

Finance Corp of America

Name

po box 203500

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.65 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Austin

City

TX

State

78720

ZIP Code

First National Collection

Name

po box 1259 - dept 21377

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.70 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Oaks

City

PA

State

19456

ZIP Code

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Jefferson Capital Systems**

Name

16 McLeland Rd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.73** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

St Cloud

City

MN

State

56303

ZIP Code

Law Offices of Mitchell Kay

Name

PO Box 9006

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Smithtown

City

NY

State

11787-9006

ZIP Code

LTD Financial Services

Name

3200 Wilcrest Suite 600

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Houston

City

TX

State

77042-6000

ZIP Code

McCarthy, Burgess \$ Wolfe

Name

26000 Cannon Rd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Cleveland

City

OH

State

44146

ZIP Code

Midland Credit mgnt

Name

8875 Aero Dr Ste 2

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.77** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

San Diego

City

CA

State

92123

ZIP Code

MRS

Name

1930 Olney Ave

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Cherry Hill

City

NJ

State

08003

ZIP Code

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**National Commercial Serv**

Name

6644 Valjean Ave

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.89** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Van Nuys

City

CA

State

91406

ZIP Code

National Credit Adjusters, LLC

Name

327 W 4th

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.67** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Hutchinson

City

KY

State

67501

ZIP Code

NCB Management Services

Name

PO Box 1099

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.76** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Langhorne

City

PA

State

19047

ZIP Code

Pinnacle Credit Services

Name

PO Box 640

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Hopkins

City

MN

State

55343-0640

ZIP Code

Rushmore Service Center

Name

PO Box 5507

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Sioux Falls

City

SD

State

57117-5507

ZIP Code

Seiler & Assoc/ Thomas Landis

Name

1210 North Brook Dr - Suite 300

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Trevoise

City

PA

State

19053

ZIP Code

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page**Southwest Credit**

Name

PO BOX 1280

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.95 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

OAKS

City

PA

State

19456-1280

ZIP Code

SOUTHWEST RECOVERY SERV

Name

15400 KNOLL TRAIL DR STE 300

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.81 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

DALLAS

City

TX

State

75248

ZIP Code

US Attorney in Charge

Name

1100 Commerce St. 3rd Floor

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dallas

City

TX

State

75242

ZIP Code

US Trustee

Name

William T. Neary

Number Street

1100 Commerce St. Rm. 976

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dallas

City

TX

State

75242

ZIP Code

USAA Secured Visa

Name

10750 McDermott Freeway

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**credit card**☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 1 2 6 4**SAN ANTONIO**

City

TX

State

78288-9876

ZIP Code

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$1,065.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$1,065.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$7,946.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$193,785.18</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$201,731.18</u>

Fill in this information to identify your case:

Debtor 1	<u>Angela</u>	<u></u>	<u>Margrave</u>
	First Name	Middle Name	Last Name
Debtor 2	<u></u>	<u></u>	<u></u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>		
Case number	<u></u>		
(if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Robann Goodrich

Name
Box 818
Number Street

Residential Lease
Date Lease Began: 5/15/2015
Date Scheduled to End: 9/30/2022
Contract to be ASSUMED

Glenrio NM 79106
City State ZIP Code

2.2 SelfCare Self Storage

Name
831 North Forrest Street
Number Street

Storage Unit
Month to Month
Contract to be REJECTED

Amarillo TX 79106
City State ZIP Code

Fill in this information to identify your case:

Debtor 1 Angela Margrave
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)
☐ No
☒ Yes
- Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes
- In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Brandy Margrave**
 Name
3609 Memory Ln
 Number Street
Amarillo TX 79109
 City State ZIP Code

☐ Schedule D, line _____
☐ Schedule E/F, line _____
☒ Schedule G, line **2.2**
SelfCare Self Storage

3.2 **Brandy Margrave**
 Name
3609 Memory Lane
 Number Street
Amarillo TX 79109
 City State ZIP Code

☐ Schedule D, line _____
☒ Schedule E/F, line **4.79**
☐ Schedule G, line _____
SelfCare Self Storage

Fill in this information to identify your case:

Debtor 1	<u>Angela</u>	<u>Margrave</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>	
Case number (if known)		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
☐ Not employed

OccupationHydro-Meteorological Technicia**Employer's name**DOC/NOAA/National Weather Service**Employer's address**PO BOX 60000

Number Street

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

New Orleans

City

LA 70160

State Zip Code

City

State Zip Code

How long employed there? 29 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$5,518.50</u>	
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$5,518.50</u>	

Debtor 1 **Angela Margrave**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$5,518.50	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$844.63	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$664.76	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$50.29	
5h. Other deductions. Specify: See continuation sheet	5h. + \$82.64	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$1,642.32	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$3,876.18	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$672.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$672.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,548.18	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$4,548.18	Combined monthly income

Debtor 1 **Angela Margrave**

Case number (if known) _____

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

None.

Debtor 1 **Angela Margrave**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
5h. Other Payroll Deductions (details)		
<u>Retirement</u>	<u>\$40.24</u>	<u> </u>
<u>Retirement Loan</u>	<u>\$42.40</u>	<u> </u>
Totals:	<u>\$82.64</u>	<u> </u>

Fill in this information to identify your case:

Debtor 1	<u>Angela</u>	<u>Margrave</u>
	First Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____
	First Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>	
Case number (if known)	_____	

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>daughter</u>	<u>17</u>	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>25</u>	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
		<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
		<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

4. \$1,100.00**If not included in line 4:**

4a. Real estate taxes

4a. _____

4b. Property, homeowner's, or renter's insurance

4b. _____

4c. Home maintenance, repair, and upkeep expenses

4c. _____

4d. Homeowner's association or condominium dues

4d. _____

Debtor 1 **Angela Margrave**

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$220.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$80.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$400.00</u>
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	<u>\$950.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$100.00</u>
10. Personal care products and services	10.	<u>\$150.00</u>
11. Medical and dental expenses	11.	<u>\$500.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	_____
14. Charitable contributions and religious donations	14.	<u>\$50.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<u>\$180.00</u>
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 2016 Mitsubishi Outback Sport	17a.	<u>\$402.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: lpad	17c.	<u>\$213.26</u>
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 Angela Margrave

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. + _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$4,545.26</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$4,545.26</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$4,548.18</u>
23b. Copy your monthly expenses from line 22c above.	23b. - <u>\$4,545.26</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$2.92</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

None.

Fill in this information to identify your case:

Debtor 1	<u>Angela</u>	<u></u>	<u>Margrave</u>
	First Name	Middle Name	Last Name
Debtor 2	<u></u>	<u></u>	<u></u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number	<u></u>		
(if known)			

☐ Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	<u>\$0.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<u>\$32,090.80</u>
1c. Copy line 63, Total of all property on Schedule A/B.....	<u>\$32,090.80</u>

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	<u>\$20,851.46</u>
---	--------------------

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	<u>\$1,065.00</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<u>\$201,731.18</u>

Your total liabilities\$223,647.64**Part 3: Summarize Your Income and Expenses****4. Schedule I: Your Income** (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	<u>\$4,548.18</u>
---	-------------------

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	<u>\$4,545.26</u>
---	-------------------

Debtor 1 Angela Margrave

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$6,222.50****9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$1,065.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$7,946.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	\$9,011.00

Fill in this information to identify your case:

Debtor 1	<u>Angela</u>		<u>Margrave</u>
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF TEXAS</u>			
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

Date 01/10/2020
MM / DD / YYYY

X _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Angela</u>	<u></u>	<u>Margrave</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>	<u></u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing
Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy****04/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the last calendar year: (January 1 to December 31, <u>2019</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$67,856.27 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$60,005.00 <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
- ☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	Child Support	\$336.93
For the last calendar year: (January 1 to December 31, <u>2019</u>) YYYY	Child Support	\$8,760.18
For the calendar year before that: (January 1 to December 31, <u>2018</u>) YYYY	Child Support	\$8,760.18

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Carvana Creditor's name		\$1,206.00	\$20,068.00	<input type="checkbox"/> Mortgage
PO Box 29002 Number Street				<input checked="" type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Phoenix City	AZ State	85038 ZIP Code		

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider.

Debtor 1 Angela Margrave Case number (if known) _____**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
Consumer Portfolio Services v Angela Margrave	Lawsuit	Randall County 181st District Court	<input checked="" type="checkbox"/> Pending
		Court Name	
		2309 Russell Long Blvd	<input type="checkbox"/> On appeal
		Number Street	
		Ste. 110	<input type="checkbox"/> Concluded
		Canyon TX 79015	
		City State ZIP Code	

Case number 75966B**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Regional Acceptance Co..	2016 Chrysler 300 S	12/23/2019	\$13,684.00
Creditor's Name			

Attn: Bankruptcy

Number Street

1424 E Firetower Rd**Greenville**

City

SC

State

27858

ZIP Code

Explain what happened

- ☒ Property was repossessed.
☐ Property was foreclosed.
☐ Property was garnished.
☐ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Debtor 1 **Angela Margrave**

Case number (if known) _____

Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Swindell Law Firm				
Person Who Was Paid				
106 S.W. 7th Ave.			06/20/2019	\$2,460.00
Number Street				
Amarillo TX 79101				
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				

Debtor 1 **Angela Margrave**

Case number (if known) _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Wells Fargo

Name of Financial Institution

3429 Bell St

Number Street

Last 4 digits of account number

XXXX- 6 6 5 3

Type of account or instrument

- ☒ Checking
☐ Savings
☐ Money market
☐ Brokerage
☐ Other

Date account was closed, sold, moved, or transferred

8/15/2018

Last balance before closing or transfer

\$0.00

Amarillo

City

TX

State

79109

ZIP Code

Last 4 digits of account number

XXXX- 6 7 1 0

Type of account or instrument

- ☒ Checking
☐ Savings
☐ Money market
☐ Brokerage
☐ Other

Date account was closed, sold, moved, or transferred

8/15/2018

Last balance before closing or transfer

\$0.00

Wells Fargo

Name of Financial Institution

3429 Bell St

Number Street

Amarillo

City

TX

State

79109

ZIP Code

Debtor 1 **Angela Margrave**

Case number (if known) _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Angela Margrave

Case number (if known) _____

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.☐ Yes. Check all that apply above and fill in the details below for each business.**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**☐ No☐ Yes. Fill in the details below.**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

X _____

Signature of Debtor 2

Date 01/10/2020

Date _____

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?☒ No☐ Yes**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**☒ No☐ Yes. Name of person _____Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Angela		Margrave
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF TEXAS		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **Carvana**Description of property securing debt: **2016 Mitsubishi Outback Sport**

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Creditor's name: **NPRTO Texas**Description of property securing debt: **Ipad**

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Creditor's name: **SelfCare Self Storage**Description of property securing debt: **Contract/Lease**

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☐ Yes

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will this lease be assumed?**

Lessor's name: **Robann Goodrich**
 Description of leased property: **Residential Lease**
Date Lease Began: 5/15/2015
Date Scheduled to End: 9/30/2022

☐ No
☒ Yes

Lessor's name: **SelfCare Self Storage**
 Description of leased property: **Storage Unit**
Month to Month

☒ No
☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ Angela Margrave
 Angela Margrave, Debtor 1

X _____
 Signature of Debtor 2

Date 01/10/2020
 MM / DD / YYYY

Date _____
 MM / DD / YYYY

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION**

In re **Angela Margrave**

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$2,460.00</u>
Prior to the filing of this statement I have received.....	<u>\$2,460.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Adversary Claims

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/10/2020

Date

/s/ Patrick A. Swindell

Patrick A. Swindell

Swindell Law Firm

106 S.W. 7th Ave.

Amarillo, TX 79101

Phone: (806) 374-7979 / Fax: (806) 374-1991

Bar No. 19587450

/s/ Angela Margrave

Angela Margrave

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
AMARILLO DIVISION**

IN RE: **Angela Margrave**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/10/2020

Signature /s/ Angela Margrave
Angela Margrave

Date _____

Signature _____

Account Recovery Services..
Attn: Bankruptcy
3144 SW 28th Ave Ste A
Amarillo, TX 79109

Amarillo Urology Assoc.
1900 Medi Park Dr
Amarillo, TX 79106

Advanced Imaging Center
7010 SW 9th Ave
Amarillo, TX 79106

American Medical Response
PO Box 847925
Dallas, TX 75284-7925

Afni, Inc...
Attn: Bankruptcy
PO Box 3427
Bloomington, IL 61702

Angela Margrave
3609 Memory Ln
Amarillo, TX 79109

AFNI. INC for AT&T U-VERSE
PO BOX 3097
BLOOMINGTON, IL 61702

Ascent Card Services
PO Box 10584
Greenville, SC 29603

AMARILLO BONE AND JOINT
1100 S COULTER ST
AMARILLO, TX 79106

AT&T Mobility
PO Box 6463
Carol Stream, IL 60197

Amarillo Heart Group
1901 Port Lane
Amarillo, TX 79106

AT&T/Direct TV/U-Verse
PO Box 6550
Greenwood Village, CO 80155

Amarillo Medical Specialists - Scha
1900 S Coulter Ste C
Amarillo, TX 79106-1769

ATT
700 Longwater dr
Norwell, MA 02061

Amarillo Medical Specialists - Susa
1301 S Coulter St, Ste 106
Amarillo, TX 79106-1763

Bennett Law
PO Box 101928 dept 356
Birmingham, AL 35210

Amarillo National Bank
PO Box 1
Amarillo, TX 79105

Blaze Mastercard
PO Box 5096
SIOUX FALLS, SD 57117-5096

Brandy Margrave
3609 Memory Ln
Amarillo, TX 79109

CapitalOne Quicksilver
P.O. Box 30285
Salt Lake City, UT 84130-0287

Brandy Margrave
3609 Memory Lane
Amarillo, TX 79109

Caprock Credit Corp..
1111 Sw 18th Ave
Amarillo, TX 79102

BSA Amarillo Diagnostic Clinic
PO Box 840020
Amarillo, TX 75284-0020

Caprock Credit Corporation
1800 S Hughes St
Amarillo, TX 79102

BSA Health System
PO Box 950
Amarillo, TX 79105

Cardiology Center of Amarillo
PO Box 1906 - 707 S Madison
Amarillo, TX 79105

BSA Hospital
PO Box 950
Amarillo, TX 79105

Carvana
PO Box 29002
Phoenix, AZ 85038

Bull City Financial Solutions..
2609 North Duke Street
Suite 500
Durham, NC 27704

Cash Jar
PO Box 1637
Belize City, CA 82845

CAPITAL ONE
PO Box 30285
SALT LAKE CITY, UT 84130-0287

CBC Credit Bureau Centre
PO Box 273
Monroe, WI 53566-0273

CAPITAL ONE
PO Box 30285
SALT LAKE CITY, UT 84130

CERTIFIED COLLECTORS
707 s MADISON ST
AMARILLO, TX 79101

Capital One bank
PO Box 30285
Salt Lake City, UT 84130

Certified Collectors Inc
PO Box 1906
Amarillo, TX 79105

Chase Card Services..
Attn: Bankruptcy
PO Box 15298
Wilmington, DE 19850

Dillards
PO Box 981471
El Paso, TX 79998-1471

ChecknGo
4540 Cooper Rd. Suite 200
Cincinnati, OH 45242

Discover
PO Box 30416
Salt Lake City, UT 84130

CitiMortgage
PO Box 689196
Des Moines, IA 50368

Diversified Consultants Inc
PO Box 551268
Jacksonville, FL 32255-1268

Collection Company of America
700 Longwater Dr
Norwell, MA 02061

Diversified Consultants Inc
PO Box 679 Dept #03
Dallas, TX 75267-9543

COMENITY BANK/LANE BRYANT
PO BOX 182789
COLUMBUS, OH 43218

EOS CCA
700 Longwater dr
Norwell, MA 02061

Consumer Portfolio - CPS
PO BOX 57071-19500 JAMBOREE RD SUITE
IRVINE, CA 92612

Exceptional Emergency Care
1601 Elm St
Dallas, TX 75201

Consumer Portfolio Svc..
Attn: Bankruptcy
PO Box 57071
Irvine, CA 92619

EXETER FINANCE CORP
PO BOX 166097
IRVING, TX 75016

Credit One Bank
PO Box 98872
Las Vegas, NV 89193-8872

Finance Corp of America
po box 203500
Austin, TX 78720

CreditOne
PO Box 98873
Las Vegas, NV 89193-8873

First National Collection
po box 1259 - dept 21377
Oaks, PA 19456

First PREMIER Bank..
Attn: Bankruptcy
PO Box 5524
Sioux Falls, SD 57117

Jefferson Capital Systems
16 McLeland Rd
St Cloud, MN 56303

First Savings Bank/Blaze..
Attn: Bankruptcy
PO Box 5096
Sioux Falls, SD 57117

Jefferson Capital Systems, LLC..
PO Box 1999
Saint Cloud, MN 56302

High Plains Dermatology ctr
4302 Wolflin Ave
Amarillo, TX 79106-5959

John Terry
301 S. Polk #630
Amarillo, TX 79101

High Plains Radiology
1901 Medi Park Dr # 2050
Amarillo, TX 79106

LANE BRYANT
450 WINKS LN
BENSALEM, PA 19020

HSBC Bank
PO Box 5253
Carol Stream, IL 60197

Law Offices of Mitchell Kay
PO Box 9006
Smithtown, NY 11787-9006

HSBC Bank - Capital One
287 Independence
Virginia Beach, VA 23462

LTD Financial Services
3200 Wilcrest Suite 600
Houston, TX 77042-6000

INDIGO MASTERCARD - Genesis Financi
PO BOX 4499
BEAVERTON, OR 97076-4499

LVNV Funding/Resurgent Capital..
Attn: Bankruptcy
PO Box 10497
Greenville, SC 29603

Internal Revenue Service*
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

MASSEYS
1251 1st Ave.
Chippewa Falls, WI 54729

Jan LittleJohn
3319 Lombard
Amarillo, TX 79106

McCarthy, Burgess & Wolfe
26000 Cannon Rd
Cleveland, OH 44146

Merrick Bank
POB 1500
Draper, UT 84020

Northwest Texas Healthcare
1501 S Coulter
Amarillo, TX 79106

Midland Credit mgnt
8875 Aero Dr Ste 2
San Diego, CA 92123

NPRT0 Texas
256 West Data Drive
Draper, UT 84020

MIDNIGHT VELVET
1112 7TH AVE - PO BOX 2816
MONROE, WI 53566

OrthoFi
303 E 17th Ave Ste 400
Denver, CO 80203-1289

MRS
1930 Olney Ave
Cherry Hill, NJ 08003

Pinnacle Credit Services
PO Box 640
Hopkins, MN 55343-0640

National Commercial Serv
6644 Valjean Ave
Van Nuys, CA 91406

Plain Green Loans - Acct Serv
93 Mack Road, Suite 600-PO Box 270
Box Elder, MT 59521

National Credit Adjusters, LLC
327 W 4th
Hutchinson, KY 67501

Plains Commerce Bank
3817 S Elmwood Ave
Sioux Falls, SD 57105

NCB Management Services
PO Box 1099
Langhorne, PA 19047

Plains Commerce bank
PO Box 89937
Sioux Falls, SD 57109-6140

NCB Management Services..
Attn: Bankruptcy
One Allied Drive
Trevose, PA 19053

Plains Commerce Credit Card
po box 1259
Oaks, PA 19456

Nelnet..
Attn: Bankruptcy Claims
PO Box 82505
Lincoln, NE 68501

Portfolio Recovery..
Attn: Bankruptcy
120 Corporate Blvd
Norfolk, VA 23502

Premier Bankcard
16 McLeland Rd
St Cloud, MN 56303

SelfCare Self Storage
831 North Forrest Street
Amarillo, TX 79106

Quail Creek Surgical Hosp.
3144 SW 28th Ave Ste A
Amarillo, TX 79109

SEVENTH AVE
1112 7TH AVE
MONROE, WI 53566

Regional Acceptance Co..
Attn: Bankruptcy
1424 E Firetower Rd
Greenville, SC 27858

Shoreline Inc
1220 Gregory st
Taft, TX 78390

Republic Bank & Trust - Elastic Loa
PO Box 950276
Louisville, KY 40295-0276

Southwest Credit
PO BOX 1280
OAKS, PA 19456-1280

Robann Goodrich
Box 818
Glenrio, NM 79106

SOUTHWEST RECOVERY SERV
15400 KNOLL TRAIL DR STE 300
DALLAS, TX 75248

Rushmore Service Center
PO Box 5507
Sioux Falls, SD 57117-5507

Suddenlink
520 Maryville Centre Dr
St Louis, MO 63141

Salute Visa
8875 Aero Dr Ste 2
San Diego, CA 92123

Surgery Center Of Amarillo
1010 S Coulter St
Amarillo, TX 79106-1781

Security Finance
PO Box 3146
Spartanburg, SC 29304

SYNCB/STEINMART
PO BOX 965005
Orlando, FL 32896

Seiler & Assoc/ Thomas Landis
1210 North Brook Dr - Suite 300
Trevose, PA 19053

The Cash Store
7200 SW 45th Ave Unit 12
Amarillo, TX 79109

The Education Cu..
4400 W I 40
Amarillo, TX 79106

USAA Secured Visa
10750 McDermott Freeway
SAN ANTONIO, TX 78288-9876

Thrifty Car Rental
6644 Valjean Ave
Van Nuys, CA 91406

Verizon Wireless
500 Technology Drive, Suite 550
Weldon Spring, MO 63304

TownSquare Emergency Assoc
PO Box 24432
Fort Worth, TX 76124

Verizon Wireless..
Attn: Bankruptcy
500 Technology Dr, Ste 550
Weldon Spring, MO 63304

TRIBUTE
PO BOX 105555
ATLANTA, GA 30348

WELLS FARGO SECURED VISA
P.O. Box 10347
Des Moines, IA 50306

Tribute
POB 105555
ATLANTA, GA 30348-5555

US Attorney in Charge
1100 Commerce St. 3rd Floor
Dallas, TX 75242

US Trustee
William T. Neary
1100 Commerce St. Rm. 976
Dallas, TX 75242

USAA Bank
10750 McDermott Freeway
San Antonio, TX 78288-0544

USAA SECURED CREDIT CARD
10750 MCDERMOTT FWY
SAN ANTONIO, TX 78288-1600

Fill in this information to identify your case:

Debtor 1 Angela Margrave
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
 First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

Case number
 (if known) _____

Check one box only as directed in this form and in Form 122A-1Supp:

- ☐ 1. There is no presumption of abuse.
- ☒ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1**Chapter 7 Statement of Your Current Monthly Income****12/19**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income**1. What is your marital and filing status? Check one only.**

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	<u>\$5,492.48</u>	_____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	_____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$730.02</u>	_____

Debtor 1 Angela Margrave

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**5. Net income from operating a business, profession, or farm**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	_____		
Ordinary and necessary operating expenses	— <u>\$0.00</u> —	_____		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	_____	Copy here →	<u>\$0.00</u>

6. Net income from rental and other real property

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	_____		
Ordinary and necessary operating expenses	— <u>\$0.00</u> —	_____		
Net monthly income from rental or other real property	<u>\$0.00</u>	_____	Copy here →	<u>\$0.00</u>

7. Interest, dividends, and royalties\$0.00**8. Unemployment compensation**\$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... \$0.00

For your spouse..... _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.\$0.00**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

_____	_____	_____
_____	_____	_____

Total amounts from separate pages, if any.

+ _____ + _____

Debtor 1 Angela Margrave

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**11. Calculate your total current monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$6,222.50

+

=

\$6,222.50

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a.

\$6,222.50

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b.

\$74,670.00

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household..... 13.

\$72,632.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
Go to Part 3. Do NOT fill out or file Official Form 122A-2.14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Angela Margrave

Angela Margrave, Debtor 1

X

Signature of Debtor 2

Date 1/10/2020

MM / DD / YYYY

Date _____

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Angela Margrave
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing)
First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number
 (if known)

Check the appropriate box as directed in lines 40 or 42:

According to the calculation required by this Statement:

☒ 1. There is no presumption of abuse.

☐ 2. There is a presumption of abuse.

☐ Check if this is an amended filing

Official Form 122A-2

Chapter 7 Means Test Calculation

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Determine Your Adjusted Income

1. Copy your total current monthly income..... Copy line 11 from Official Form 122A-1 here ➔ 1. \$6,222.50

2. Did you fill out Column B in Part 1 of Form 122A-1?

- ☒ No. Fill in \$0 for the total on line 3.
- ☐ Yes. Is your spouse filing with you?
- ☐ No. Go to line 3.
- ☐ Yes. Fill in \$0 for the total on line 3.

3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps:

On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

- ☐ No. Fill in \$0 for the total on line 3.
- ☐ Yes. Fill in the information below:

State each purpose for which the income was used

For example, the income is used to pay your spouse's tax debt or to support people other than you or your dependents

Fill in the amount you are subtracting from your spouse's income

 _____ + _____
 Total \$0.00 Copy total here..... ➔ - \$0.00

4. Adjust your current monthly income. Subtract the total on line 3 from line 1.

\$6,222.50

Debtor 1 Angela Margrave

Case number (if known) _____

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from income in lines 5 and 6 of Form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the form refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$1,446.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$55.00
 7b. Number of people who are under 65 X 3
 7c. **Subtotal.** Multiply line 7a by line 7b. \$165.00 Copy here → \$165.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$114.00
 7e. Number of people who are 65 or older X _____
 7f. **Subtotal.** Multiply line 7d by line 7e. \$0.00 Copy here → + \$0.00

7g. **Total.** Add lines 7c and 7f..... \$165.00 Copy total here → 7g. \$165.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- **Housing and utilities -- Insurance and operating expenses**
- **Housing and utilities -- Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- 8. Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$586.00

- 9. Housing and utilities -- Mortgage or rent expenses:**

- 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$1,176.00

- 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
_____	_____
_____	_____
_____	_____
+	
_____	_____

Total average monthly payment

\$0.00

Copy here →

- **\$0.00**

Repeat this amount on line 33a.

- 9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this amount is less than \$0, enter \$0.

\$1,176.00

Copy here →

\$1,176.00

- 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.**

Explain why: _____

- 11. Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☒ 1. Go to line 12.
☐ 2 or more. Go to line 12.

- 12. Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

\$210.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: **2016 Mitsubishi Outback Sport**

13a. Ownership or leasing costs using IRS Local Standard. **\$508.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

Carvana **\$334.47**

+

Total average monthly payment

\$334.47

Copy
here →

– **\$334.47**

Repeat this
amount on
line 33b.

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

\$173.53

Copy net
Vehicle 1
expense
here →

\$173.53

Vehicle 2 Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard.

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

+

Total average monthly payment

Copy
here →

–

Repeat this
amount on
line 33c.

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

Copy net
Vehicle 2
expense
here →

\$0.00

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

Debtor 1 **Angela Margrave**

Case number (if known) _____

- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. **\$0.00**

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. **\$767.79**

Do not include real estate, sales, or use taxes.

- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. **\$50.18**

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.

- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, or a non-filing spouse's life insurance, or for any form of life insurance other than term. **\$180.68**

- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. **\$0.00**

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.

- 20. Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. **\$0.00**

- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. **\$0.00**

- 22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. **\$335.00**

- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. **+** **\$0.00**

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.

- 24. Add all of the expenses allowed under the IRS expense allowances.**
 Add lines 6 through 23.

\$5,090.18

Debtor 1 **Angela Margrave**

Case number (if known) _____

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
 Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	<u>\$491.75</u>	
Disability insurance	<u>\$0.00</u>	
Health savings account	<u>\$0.00</u>	
	+	
Total	<u>\$491.75</u>	Copy total here → <u>\$491.75</u>

Do you actually spend this total amount?

☐ No. How much do you actually spend? _____☒ Yes

- 26. Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). **\$0.00**

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. **\$0.00**

By law, the court must keep the nature of these expenses confidential.

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. _____

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. **\$125.00**

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. _____

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). **+** **\$50.00**

Debtor 1 **Angela Margrave**

Case number (if known) _____

32. Add all of the additional expense deductions.

Add lines 25 through 31.

\$666.75**Deductions for Debt Payment****33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Average monthly
payment****Mortgages on your home:**33a. Copy line 9b here.....→ **\$0.00****Loans on your first two vehicles:**33b. Copy line 13b here.....→ **\$334.47**33c. Copy line 13e here.....→ **\$0.00**

33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
NPRTO Texas	lpad	<input checked="" type="checkbox"/> No	\$13.06
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No	+
		<input type="checkbox"/> Yes	

33e. Total average monthly payment. Add lines 33a through 33d.....**\$347.53**Copy total
here →**\$347.53****34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**☐ No. Go to line 35.☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
			÷ 60 =
			÷ 60 =
			÷ 60 = +
			Total
			\$0.00

Copy total
here →**\$0.00**

Debtor 1 Angela Margrave

Case number (if known) _____

35. Do you owe any priority claims such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case?
11 U.S.C. § 507.

- ☐ No. Go to line 36.
☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... \$1,065.00 ÷ 60 = \$17.75

36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e).
For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office.

- ☐ No. Go to line 37.
☒ Yes. Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 \$100.29

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X 9.4 %

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13

\$9.43

Copy total
here →

\$9.43

37. Add all of the deductions for debt payment.
Add lines 33e through 36.

\$374.71

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS
expense allowances..... \$5,090.18

Copy line 32, All of the additional expense deductions..... \$666.75

Copy line 37, All of the deductions for debt payment..... + \$374.71

Total deductions

\$6,131.64

Copy total here →

\$6,131.64

Part 3: Determine Whether There Is a Presumption of Abuse

39. Calculate monthly disposable income for 60 months

39a. Copy line 4, adjusted current monthly income..... \$6,222.50

39b. Copy line 38, Total deductions..... - \$6,131.64

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a.

\$90.86

Copy
here →

\$90.86

For the next 60 months (5 years)..... x 60

39d. Total. Multiply line 39c by 60..... 39d.

\$5,451.60

Copy
here →

\$5,451.60

Debtor 1 **Angela Margrave**

Case number (if known) _____

40. Find out whether there is a presumption of abuse. Check the box that applies:

- ☒ **The line 39d is less than \$8,175*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **The line 39d is more than \$13,650*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.
- ☐ **The line 39d is at least \$8,175*, but not more than \$13,650*.** Go to line 41.

* Subject to adjustment on 4/01/22, and every 3 years after that for cases filed on or after the date of adjustment.

- 41. 41a. Fill in the amount of your total nonpriority unsecured debt.** If you filled out *A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules* (Official Form 106Sum), you may refer to line 3b on that form. _____

x .25

- 41b. 25% of your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I).
Multiply line 41a by 0.25.

	Copy here →	
--	----------------	--

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- ☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.
- ☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4: Give Details About Special Circumstances**43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

- ☒ **No.** Go to Part 5.
- ☐ **Yes.** Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
_____	_____
_____	_____
_____	_____
_____	_____

Debtor 1 Angela Margrave Case number (if known) _____

Part 5: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Angela Margrave
Angela Margrave, Debtor 1

X _____
Signature of Debtor 2

Date 1/10/2020
MM / DD / YYYY

Date _____
MM / DD / YYYY